



Supplier Enrollment Form

Transaction Type

Effective Date:

mm/dd/yyyy

Supplier Information

Payee Name:

Registered Business Name*:

*If different from the payee name

Business Number:

Remittance Address:

Street Address

City

Province

Postal Code

Phone Number

Remittance Email:

*The Remittance email detailing the invoice number, invoice amount paid, date of the payment and the total dollar value of the payment will be sent to the remittance email address specified above.

Contact Name:

Phone Number:

Contact Email:

Electronic Payment Information

Please attach a void cheque or bank letter with your submission in order to be set up for EFT (Electronic Funds Transfer). **EFT is strongly preferred as it is the fastest and most secure method of payment.**

We would like to be paid electronically

Authorization

I (we) hereby authorize HUB International to direct payments electronically to the bank account information attached. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until HUB has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to HUB International for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature:

Date:

Printed Name:

Title: